

UNDERGROUND STORAGE TANK CLOSURE PLAN (rev. 10/04/99) FACILITY ID# _____

LHD USE ONLY	
Date Received	_____
Reviewer	_____
Date LHD Approved	_____
Date mailed to State	_____

STATE USE ONLY	
Date Received	_____
Date Mailed to LHD	_____
Date Received From LHD	_____
Reviewer/Date Approved	_____
Mgr. Review/Date	_____

Closure Plan prepared at the request of the owner/operator (identified below) by _____
of (company name) _____ Phone # () _____
Address _____ City _____ State _____ Zip _____

A Contractor may prepare this Closure Plan as the owner/operator's agent. In preparing the Closure Plan, the Contractor must act with the owner/operator's knowledge and approval. The owner/operator must sign the Closure Plan.

This Closure Plan is submitted in compliance with the requirements contained in 40 CFR 280 Subpart G and R311-204 (U.A.C.)

FACILITY INFORMATION

Tank Owner _____ Phone # () _____

☐ sole proprietorship ☐ partnership ☐ corporation

Address _____ City _____ State _____ Zip _____

Facility Name _____

Address _____ City _____ State _____ Zip _____

Contact person _____ Phone # () _____

Total number of regulated underground tanks at this site _____

Total number of regulated underground tanks at this site to be closed _____

TANKS TO BE CLOSED

Tank #							
Type (Steel,FRP,etc.)							
Date Installed							
Capacity							
Substance stored*							
Date last operated							
Removed/In Place/ Change in Service?							

* Indicate the specific substance stored in each tank to be closed (regular, unleaded, diesel, waste oil, etc.)

For waste oil tanks: Have degreasing or other types of solvents been stored or mixed with the waste oil?

Yes (identify if known) _____ No _____ Not known _____

Analysis for lead or other contaminants may be required prior to disposal of contaminated soil or other material. (Check with your disposal facility.)

TANK REMOVER Name _____ Cert. # TR _____ Exp. date _____

Company _____ Phone # () _____

Address _____ City _____ State _____ Zip _____

SOIL/GROUNDWATER SAMPLER Name _____ Cert. # GS _____ Exp. date _____

Company _____ Phone # () _____

Address _____ City _____ State _____ Zip _____

Before the closure plan is submitted for approval, the local health and fire departments where the facility is located must be contacted. *If the facility is in Beaver, Carbon, Emery, Garfield, Grand, Iron, Kane, Salt Lake, San Juan, Wasatch, or Washington county contact DERR (UST) at (801)536-4100 instead of the local health district. You still must contact the local fire department in these counties.*

CONTACT LOCAL HEALTH DISTRICT Name of Dist. _____ Date _____

Contact _____ Title _____ Phone # _____

CONTACT LOCAL FIRE DEPT. Name of Dept. _____ Date _____

Contact _____ Title _____ Phone # _____

DISPOSAL INFORMATION

Tank(s) will be disposed at: Facility _____

Address _____ City _____ State _____ Zip _____

Contact person _____ Phone # () _____

Product lines will either be: _____ removed or _____ cleaned, secured in place, and capped.

Vent lines will either be: _____ removed or _____ cleaned and secured open.

Piping will be disposed at: Facility _____

Address _____ City _____ State _____ Zip _____

Contact person _____ Phone # () _____

Tank(s) will be **emptied** by: company _____ Phone # () _____

Tank(s) will be **cleaned** by: company _____ Phone # () _____

Contaminated water in the tank/rinsate will be disposed at: Facility _____

Contact person _____ Phone # () _____

Tank(s) will be: _____ purged or _____ rendered inert by the following method: _____

Residual sludges will be disposed at the following facility: _____

Address _____ City _____ State _____ Zip _____

Contact person _____ Phone # () _____

FOR CLOSURE IN-PLACE ONLY

[] Approval for in-place closure has been granted by the Local Fire Department.

Fire Dept. _____ Phone# _____ Contact _____ Date _____

[] Approval for in-place closure has been granted by the Local Health Department.

Health District _____ Phone# _____ Contact _____ Date _____

CONTAMINATED MATERIALS MUST BE DISPOSED AT AN ACCEPTABLE FACILITY:

All materials generated from UST closures must be managed and disposed in a manner that does not place those materials in direct contact with the environment. On-site stockpiling of contaminated soils may be required prior to any soil management activities. *Any person providing remedial assistance for a fee, including aeration and over-excavation (of more than 50 yd³), must be a Certified UST Consultant.*

Contaminated soils generated as part of tank removal are to be disposed at the following facility:

_____ Address _____ City _____
State _____ Zip _____ Contact person _____ Phone # (____) _____

SITE ASSESSMENT

A site assessment must be performed for all UST closures and change-in-service. Site assessments must be performed as outlined in 40 CFR 280.72 and R311-205 (U.A.C.). If contamination is suspected, additional samples must be collected at the location where contamination is most likely to be present. If groundwater is encountered, a soil sample must be collected, in the unsaturated zone, in addition to each groundwater sample. Soil and groundwater samples must be analyzed for the compounds shown in the following table, using appropriate lab methods.

Substance or Product Type	Contaminant Compounds to be Analyzed	ANALYTICAL METHODS
		Soil, Groundwater or Surface Water
Gasoline	Total Petroleum Hydrocarbons (TPH); <u>and</u> Benzene, Toluene, Ethyl benzene, Xylenes, Naphthalene, (BTEXN) and MTBE	EPA 8015B ¹ <u>and</u> EPA 8021B ¹ or 8260B
Diesel	Total Petroleum Hydrocarbons (TPH); <u>and</u> Benzene, Toluene, Ethyl benzene, Xylenes, and Naphthalene (BTEXN)	EPA 8015B <u>and</u> EPA 8021B or 8260B
Used Oil	Oil and Grease (O&G) or Total Recoverable Petroleum Hydrocarbons (TRPH); <u>and</u> for Benzene, Toluene, Ethyl-benzene, Xylenes, Naphthalene (BTEXN) & MTBE; <u>and</u> Halogenated Volatile Organic Compounds (VOC's)	EPA 1664 or 5520 ² <u>and</u> EPA 8021B or 8260B
New Oil	Oil and Grease (O&G) or Total Recoverable Petroleum Hydrocarbons (TRPH)	EPA 1664 or 5520
Other or Unknown	Total Petroleum Hydrocarbons (TPH); <u>and</u> Benzene, Toluene, Ethyl benzene, Xylenes, and Naphthalene (BTEXN); <u>and</u> Halogenated Volatile Organic Compounds (VOC's)	EPA 8015B <u>and</u> EPA 8021B or 8260B

¹ The following modifications to these certified methods are considered acceptable by the Executive Secretary (UST):

- A. Dual column confirmation may not be required for TPH & BTEXN/MTBE analysis.
- B. A micro-extraction or scale-down technique may be used for aqueous samples.
- C. Hexane may be used as an extraction solvent.

NOTE: The sample preparation method and any modification(s) to a certified method must be reported by the laboratory on the final analytical report.

² Methods or test procedures allowed for Oil and Grease (O&G) or Total Recoverable Petroleum Hydrocarbons (TRPH) are 5520(b) or 5520(f) respectively.

Complete the Facility Site Plat and Sample Information Table on pages 4 and 5 to provide site assessment information.

CONTAMINATION INFORMATION

If contamination at the facility is suspected or confirmed, the information must be reported to the Executive Secretary (UST) at (801) 536-4100 within 24 hours. The Division of Water Quality must be notified at (801) 538-6146 if Free Product is encountered or if surface water has been impacted. If contamination is confirmed, any person assisting in the remediation process for a fee must be a Certified UST Consultant.

FACILITY SITE PLAT (CLOSURE PLAN)

The site plat must be drawn to an appropriate identified scale. It must show planned sampling locations, substances stored in tanks, and other relevant information. Tank and sample identification numbers must be consistent with the information given on p. 1 and 5 of the Closure Plan.

Facility ID # _____ Drawn By _____ Date _____



Scale: 1"= ____ Feet

X = Sample locations (SS-#, WS-#, USC-#)

⊗ = Monitoring Wells (MW-#.)

○ = Soil boring (SB-#), or Geoprobe Boring (GP-#)

● = Water Wells (domestic, livestock, etc.)

Slope of Surface Topography: (N,NW,W,SW,S,SE,E,NE)

Land Use At Site: __Residential __Commercial __Industrial

Surrounding Land: __Residential __Commercial __Industrial

Site Plat Must Indicate Approximate Locations Of:

- ✓ Current & former tanks, piping & dispensers
- ✓ Location of all samples to be taken
- ✓ Buildings, fences, & property boundaries
- ✓ Utility conduits (sewers, gas, water, storm drains, electrical, etc.)

Complete table for all samples to be taken for closure.

[illegible]

2. Approx. depth in feet below grade. The required minimum site assessment samples must be taken at 0-2 feet below the backfill/native soil interface.

4 Appropriate analysis methods for contaminant compound(s) in each sample (from table on p. 3).

Regional groundwater flow direction: _____

State Certified Laboratory to be used:

Address _____ City _____ State _____ Zip _____

Contact person _____ Phone # (____) _____

Please explain any unusual or extenuating circumstances expected regarding the site assessment or closure:

I certify under penalty of law that I am the owner/operator of the tank(s) referenced above and that I am familiar with the information on this form and that it is true, accurate and complete, and further, that the procedures described herein will be followed during tank closure.

Signature of tank owner

Full Name of tank owner _____ Date _____